

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589652

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		⑦		1		
5		③		1		
6		③		1		
7	1		1			
8		1		1		
9		2		1		
10		③		1		
11		③		1		
12	1		1			
13		1		1		
14		2		1		
15		③		1		
16		③		1		
17		③		1		
18		③		1		
19		③		1		
20		③		1		
21		③		1		
22				1		
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	29	←		←
TOTAL CLAIMS			32			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						